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05/21/2004

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Tara Hayden

(Depositor's name)

(Signature)

June 15, 2004

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/620,917	07/15/2003	Raminda U. Madurawe	ALTRP022D2	8946

TITLE OF INVENTION: APPARATUS AND METHOD FOR MARGIN TESTING SINGLE POLYSILICON EEPROM CELLS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
non-provisional	NO	\$1330	\$0	\$1330	08/23/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
PHAM, LY D	2818	365-185210

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
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2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

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(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Altera Corporation

San Jose, California

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

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☒ Issue Fee☒ A check in the amount of the fee(s) is enclosed.☐ Publication Fee☐ Payment by credit card. Form PTO-2038 is attached.☐ Advance Order - # of Copies \_\_\_\_\_☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 500388 (enclose an extra copy of this form).

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(Date)

06.15.04

James E. Austin, Reg. No. 39,489

06/22/2004 AWONDAF2 00000067 10620917

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